

Internship Hours Log

Please use this form to document your internship hours in conjunction with your Internship Supervisor. Upon completion of your internship, please provide a copy to your Faculty Sponsor and the Office of Student Engagement.

Student Name: Click or tap here to enter text.	Term/Year: Click or tap here to enter text.
Internship Site: Click or tap here to enter text.	Course Number: Click or tap here to enter text.
Internship Supervisor Name: Click or tap here to enter text.	Course Name: Click or tap here to enter text.

Date	Time In	Time Out	Total Hours

_____ TOTAL HOURS

Printed Supervisor Name: _____ Date: _____

Internship Supervisor Signature: _____

ROUTING: *Original - Faculty Sponsor*
Copy -Office of Student Engagement.

Office of Student Engagement., A118
 : 410-386-8500
 Carroll Community College
 1601 Washington Road, Westminster, MD 21157